

County of San Diego Volunteer Interest Form

The County of San Diego has many volunteer opportunities spanning across its departmental programs. If you need assistance finding the appropriate volunteer program please fill out this form and a County team member will be able to assist you with an appropriate match.

A - PERSONAL INFORMATION

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Main/Home Phone: _____ Alternate Phone: _____
Email Address: _____

B - EMERGENCY CONTACT

First Name: _____ Last Name: _____
Main/Home Phone: _____ Alternate Phone: _____

C - SKILLS & INTERESTS

What type of volunteer work are you interested in? ☐ Legal ☐ Animals ☐ Education ☐ Administration ☐ Children Services

☐ Environment ☐ Public Safety ☐ Health and Human Services ☐ Other*

*If Other, please list: _____

List any of your special skills / training: _____

Do you speak other languages? If yes, please indicate language and level of proficiency:

Language: _____

Language: _____

Native Speaker		Able to Translate?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

D - EDUCATION

Highest Level Education: ☐ High School ☐ Specialized Training or Trade School ☐ College or University ☐ Post Graduate or Above ☐ Other (specify): _____

E - EXPERIENCE

Do you have any previous volunteer experience? ☐ Yes ☐ No

If yes, please explain: _____

Current Employment Status: ☐ Employed - Full Time ☐ Employee - Part Time ☐ Self Employed ☐ Unemployed ☐ Retired

Current / Most Recent Employer: _____ Length of Employment: _____

Work Address: _____ Phone: _____

F - MATCHING INFORMATION

Approximate length of time you will volunteer: ☐ 1 - 3 months ☐ 3 - 6 months ☐ 6 or more months

Estimated time commitment during assignment: ☐ 1-16 hrs / week ☐ 17-24 hrs / week ☐ More than 24 hrs / week

When can you start? _____ Indicate your hours of availability below (e.g. 8am - 5pm).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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G - PARENT / GUARDIAN INFORMATION (REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE)

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Main/Home Phone: _____ Email Address: _____
Signature: _____ Date: _____

H – APPLICANT’S SIGNATURE

I UNDERSTAND THAT ONCE I AM FORMALLY DESIGNATED AS A COUNTY OF SAN DIEGO VOLUNTEER, I AM SUBJECT TO ALL RULES AND REGULATIONS GOVERNING THE PROGRAM, AS SET FORTH BY THE COUNTY OF SAN DIEGO.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS VOLUNTEER INTEREST FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSE STATEMENTS OR ANSWERS WILL BE GROUNDS FOR DISQUALIFICATION.

IN THE INTERESTS OF PUBLIC HEALTH AND SAFETY, ALL COUNTY OF SAN DIEGO VOLUNTEERS ARE REQUIRED TO PASS A BACKGROUND CHECK AND MEDICAL TESTING BEFORE THEY BEGIN VOLUNTEERING. DEPARTMENTS MAY REQUIRE AN ADDITIONAL APPLICATION FOR PLACEMENT.

Signature: _____ Date: _____

I – SUBMISSION

PLEASE SUBMIT THE SIGNED VOLUNTEER INTEREST FORM BY MAIL OR E-MAIL TO:

Submit By Mail to:

Attn: Catherine Santos
Clerk of the Board of Supervisors
1600 Pacific Highway, Room 402
San Diego, CA 92101

Submit by E-mail to:

Catherine Santos
Email: Catherine.Santos@sdcounty.ca.gov

For General Questions and Inquiries, Please Contact:

Catherine Santos
Phone: (619) 531-4966